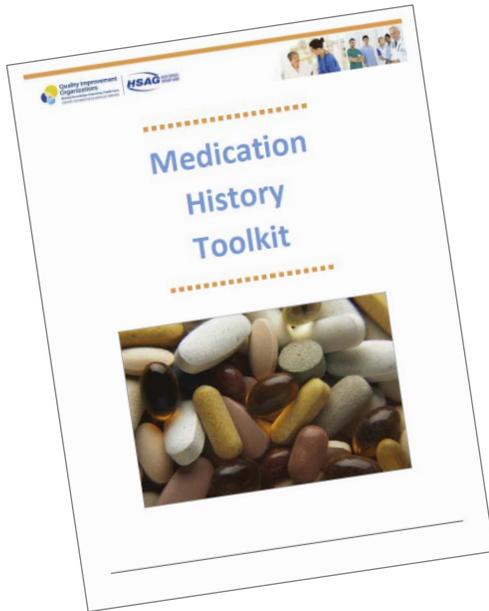




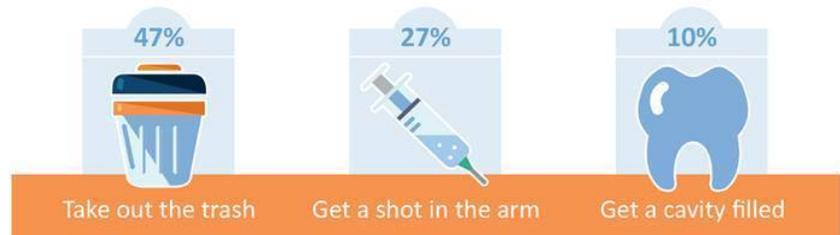
## Medication SBAR

**SITUATION:** It appears that taking medications has a negative connotation associated with it—perhaps even dread.

**BACKGROUND:** In a recent survey, respondents were asked about a list of mundane and even unpleasant tasks or experiences they might encounter, compared to the act of taking a medication. The results were startling. Forty-seven percent of respondents answered that they would rather take out the trash than take their medication. Twenty-seven percent would prefer getting a shot in the arm. Ten percent actually responded that they would prefer to get a cavity filled!<sup>1</sup>



Instead of taking their medication, respondents would rather...



**ASSESSMENT:** Is it any wonder that obtaining an accurate medication history presents many challenges? And yet, without an accurate medication history, providers are limited in their knowledge about the patient's current medication regimen. This can often lead to a domino effect of incorrect prescribing, medication omissions, drug-drug interactions, and subsequent adverse drug events (ADEs). So that providers can be better equipped when interviewing a patient for their medication list, it is important that interviewers understand that a person's medication regimen may have a lot of emotions associated with it. Variation in this task and a lack of clear ownership of the function will lead to inconsistent results and inaccurate information.

**RECOMMENDATION for ACTION:** During the month of March, observe 7–10 staff members obtaining a medical history from a patient. Try different locations, such as the emergency room, a medical/surgical unit, physician office or during a home health intake visit. Observe staff members who are responsible for obtaining an accurate medication history such as a pharmacy technician or a nurse. Write down your overall observations and identify what went well and what could be improved. Here are suggestions from the Medication History Toolkit that will assist you in the observation process.

1. Did they locate all available medication lists before interviewing? (**Page 7 of the toolkit**)
2. Did they assess if there is a language barrier or if the patient was in a state of mind to be interviewed? (**Page 7 of the toolkit**)
3. Did they introduce their self and their role with the organization? Did they follow a script for this process? (**Page 8 of the toolkit**)
4. Did they use probing questions to trigger the patient's recall of medications? (**Page 8 of the toolkit**)

To access the Medication History Toolkit, go to: <https://www.hsag.com/medication-history-toolkit>

1. Taking Medication is No Fun, and that's a Big Problem: Improving Adherence Requires Addressing Psychological Barriers. Health Prize Technologies. 2013. Available at: [https://healthprize.com/wp-content/uploads/2014/12/hp\\_drug\\_problem.pdf](https://healthprize.com/wp-content/uploads/2014/12/hp_drug_problem.pdf)